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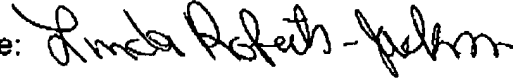
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Re Applic of	LI, ET AL.
Docket No.	CHQ919980066US2
Serial No.	09/942,418
Filing Date	8/30/01
Attorney	LISA . U. JAKLITSCH

Document(s) Attached: - **AMENDMENT- 9 PAGES, AMENDMENT TRANSMITTAL  
LETTER -1 PAGE, 1449 - 3 PAGES**

## PLEASE DELIVER TO:

EXAMINER: Maurina Rachuba

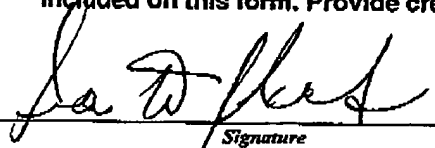
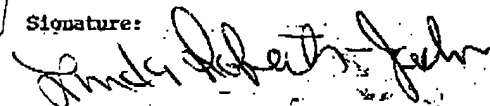
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East Fishkill Facility  
2070 Route 52  
Hopewell Junction  
New York 12533-6531Fax: 845-892-6363  
Phone: 845-894-3338

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>CHQ919980066US2</b>	
Applicant(s): <b>Li, et al.</b>						
Application No. <b>09/942,418</b>	Filing Date <b>8/30/01</b>	Examiner <b>Maurina Rachuba</b>	Customer No. <b>32074</b>	Group Art Unit <b>3723</b>	Confirmation No. <b>7371</b>	
Invention: <b>INTERFACE DEVICE FOR STI/BPSG EPD AND REAL TIME CONTROL</b>						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	13 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 090458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature <b>Ira D. Blecker, Registration No. 29,894</b> 2070 Route 52/ Zip 482 Hopewell Junction, NY 12533 Fax No. (845) 892-6363			Dated: <b>Dec 23, 2005</b>  <div style="border: 1px solid black; padding: 5px;"> <b>CERTIFICATION OF FACSIMILE TRANSMISSION:</b>          I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below:          Date of Transmission: <b>12/23/05</b>          Name of Person <b>Linda Roberts-Jackson</b>          Making Transmission:          Signature:  </div>			
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Linda Roberts-Jackson  
Signature

**In the United States Patent and Trademark Office**

<b>Date:</b>	12/23/2005		
<b>In re Application of:</b>	Li, et al.	<b>Filed:</b>	8/30/01
<b>For:</b>	AN INTERFACE DEVICE FOR STI/BPSG EPD AND REAL TIME CONTROL		
<b>Serial Number:</b>	09/942,418	<b>Confirmation No.</b>	7371
<b>Art Unit:</b>	3723	<b>Examiner:</b>	Maurina Rachuba

**AMENDMENT**

Hon. Commissioner of Patents and Trademarks  
P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed August 25, 2005, Applicants respectfully request reconsideration of the pending claims.